

Outpatient Department (OP) Section

OP01

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OMITTED.

OP02

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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

Did (PERSON) visit the outpatient department at (PROVIDER)
on (VISIT DATE) in person **or** was this a telephone call?

SAW PROVIDER	1
TELEPHONE CALL	2
REF	-7
DK	-8

[Code One]

| IF OP02 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS |
'OP-IN-PERSON'.

| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW) FLAG EVENT AS |
'OP-TELEPHONE'.

OP03

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OMITTED.

OP04
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

{Did (PERSON) see a medical doctor during this particular
visit?/Was this telephone call about (PERSON)'s health with a
medical doctor?}

YES 1
NO 2 {OP05}
REF -7 {OP05}
DK -8 {OP05}

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

| DISPLAY 'Did (PERSON) see a medical doctor during |
| this particular visit?' IF OP02 IS CODED '1' (SAW |
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| FOR THIS EVENT. |
|
| DISPLAY 'Was this telephone call about (PERSON)'s |
| health with a medical doctor?' IF OP02 IS CODED |
'2' (TELEPHONE CALL) FOR THIS EVENT.

OP04A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

What was the doctor's specialty?

IF TALKED TO MORE THAN ONE DOCTOR, PROBE FOR MAIN PROVIDER.

ALLERGY/IMMUNOLOGY	1	ONCOLOGY (TUMORS, CANCER) ...	18
ANESTHESIOLOGY	2	OPHTHALMOLOGY (EYES)	19
CARDIOLOGY (HEART)	3	ORTHOPEDECS	20
DERMATOLOGY (SKIN)	4	OSTEOPATHY (DO)	21
ENDOCRINOLOGY/METABOLISM		OTORHINOLARYNGOLOGY	
(DIABETES, THYROID)	5	(EAR, NOSE, THROAT)	22
FAMILY PRACTICE	6	PATHOLOGY	23
GASTROENTEROLOGY	7	PEDIATRICIAN	24
GENERAL PRACTICE	8	PHYSICAL MEDICINE/REHAB	25
GENERAL SURGERY	9	PLASTIC SURGERY	26
GERIATRICS (ELDERLY)	10	PROCTOLOGY	27
GYNECOLOGY-OBSTETRICS	11	PSYCHIATRY/PSYCHIATRIST	28
HEMATOLOGY (BLOOD)	12	PULMONARY	29
HOSPITAL RESIDENCE	13	RADIOLOGY	30
INTERNAL MEDICINE		RHEUMATOLOGY (ARTHRITIS)	31
(INTERNIST)	14	THORACIC SURGERY (CHEST)	32
NEPHROLOGY (KIDNEYS)	15	UROLOGY	33
NEUROLOGY	16	OTHER DR SPECIALTY	91
NUCLEAR MEDICINE	17		

[Code One]

GO TO BOX_01

OP05
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

What type of medical person did (PERSON) talk to on (VISIT
DATE)?

IF TALKED TO MORE THAN ONE MEDICAL PERSON, PROBE FOR MAIN
PROVIDER.

CHIROPRACTOR	1
DENTIST/DENTAL CARE PERSON	2
MIDWIFE	3
NURSE/NURSE PRACTITIONER	4
OPTOMETRIST	5
PODIATRIST	6
PHYSICIAN'S ASSISTANT	7
PHYSICAL THERAPIST	8
OCCUPATIONAL THERAPIST	9
PSYCHOLOGIST	10
SOCIAL WORKER	11
TECHNICIAN	12
ACUPUNCTURIST	14
MASSAGE THERAPIST	15
HOMEOPATHIC/NATUROPATHIC/HERBALIST	16
OTHER ALTERNATIVE/COMPLEMENTARY CARE PROVIDER	17
OTHER	91
REF	-7
DK	-8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' |
(REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_01

OP06
=====

OMITTED.

BOX_01
=====

| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' |
(REFUSED), OR '-8' (DON'T KNOW), GO TO OP08

| IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH |
OP07

OP07
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

SHOW CARD OP-1.

Please look at this card and tell me which category **best**
describes the care (PERSON) received during the visit to
the outpatient department at (PROVIDER) on (VISIT DATE)?

GENERAL CHECKUP	1
DIAGNOSIS OR TREATMENT	2
EMERGENCY (E.G., ACCIDENT OR INJURY) ...	3
PSYCHOTHERAPY OR MENTAL HEALTH	
COUNSELING	4
FOLLOW-UP OR POST-OPERATIVE VISIT	5
IMMUNIZATIONS OR SHOTS	6
VISION EXAM	7
MATERNITY CARE (PRE/POSTNATAL)	8
WELL CHILD EXAM	9
LASER EYE SURGERY	10
OTHER	91
REF	-7
DK	-8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

| IF CODED '8' (MATERNITY CARE (PRE/POSTNATAL)), |
| CHECK THAT PERSON IS FEMALE. IF NOT, DISPLAY THE |
| FOLLOWING MESSAGE: 'CODE UNAVAILABLE FOR MALES. |
VERIFY AND RE-ENTER. '

| IF CODED '9' (WELL CHILD EXAM), CHECK THAT PERSON |
| IS <7 YEARS OLD (OR AGE CATEGORIES 1 TO 3). IF |
| NOT, DISPLAY THE FOLLOWING MESSAGE: 'CODE |
| UNAVAILABLE FOR PERSONS 7 AND OLDER. VERIFY AND |
RE-ENTER. '

OP08
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

Was this {visit/telephone call} related to any specific health
condition or were any conditions discovered during this {visit/
telephone call}?

YES 1
NO 2 {BOX_02}
REF -7 {BOX_02}
DK -8 {BOX_02}

| DISPLAY 'visit' IF OP02 IS CODED '1' (SAW |
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| FOR THIS EVENT. DISPLAY 'telephone call' IF OP02 |
IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT.

OP09
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

What conditions were discovered or led (PERSON) to make this
{visit/telephone call}?

PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME
OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

- [1. Medical Condition]
- [2. Medical Condition]
- [3. Medical Condition]

| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON'S- |
MEDICAL-CONDITIONS-ROSTER.

| DISPLAY 'visit' IF OP02 IS CODED '1' (SAW |
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| FOR THIS EVENT. DISPLAY 'telephone call' IF OP02 |
IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.
 3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.'
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BOX_02

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IF OP02 IS CODED '2' (TELEPHONE CALL), '-7'
(REFUSED), OR '-8' (DON'T KNOW), GO TO OP14

IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH
BOX_03

BOX_03
=====

| IF OP05 IS CODED '2' (DENTIST/DENTAL CARE PERSON), |
'3' (MIDWIFE), OR '5' (OPTOMETRIST), GO TO OP11

OTHERWISE, CONTINUE WITH OP10

OP10
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

SHOW CARD OP-2.

**Looking at this card, which of these treatments, if any, did
(PERSON) receive during this visit?**

CODE '95' IF NO TREATMENTS WERE RECEIVED.
CODE ALL THAT APPLY.

PHYSICAL THERAPY	1
OCCUPATIONAL THERAPY	2
SPEECH THERAPY	3
CHEMOTHERAPY	4
RADIATION THERAPY	5
KIDNEY DIALYSIS	6
IV THERAPY	7
DRUG OR ALCOHOL TREATMENT	8
ALLERGY SHOT	9
PSYCHOTHERAPY/COUNSELING	10
NO TREATMENTS RECEIVED	95
REF	-7
DK	-8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ALLOW CODE '95' (NO TREATMENTS RECEIVED), '-7' (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.

EDIT: IF CODED '95' (NO TREATMENTS RECEIVED), NO OTHER TREATMENT CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.'

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

CODE '1' = 'PHYS'
CODE '2' = 'OCCPT'
CODE '3' = 'SPCH'
CODE '4' = 'CHEMO'
CODE '5' = 'RADIA'
CODE '6' = 'KIDNY'
CODE '7' = 'IV'
CODE '8' = 'DRUG'
CODE '9' = 'ALRGY'
CODE '10' = 'PSYCH'
CODE '95' = 'NONE'

NOTE: 'NO TREATMENTS RECEIVED' IS NOT DISPLAYED ON SHOW CARD.

OP11
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

SHOW CARD OP-3.

**Looking at this card, which of these services, if any, did
(PERSON) have during this visit?**

CODE '95' IF NO SERVICES WERE RECEIVED.
CODE ALL THAT APPLY.

LABORATORY TESTS	1
SONOGRAM OR ULTRASOUND	2
X-RAYS	3
MAMMOGRAM	4
MRI OR CATSCAN	5
EKG OR ECG	6
EEG	7
VACCINATION	8
ANESTHESIA	9
OTHER DIAGNOSTIC TEST	10
NO SERVICES RECEIVED	95
REF	-7
DK	-8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

| ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS |
| FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4 |
THROUGH 9).

| ALLOW CODE '95' (NO SERVICES RECEIVED), '-7' |
| (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN |
| THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES |
| MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. |
| CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY |
ON THE SCREEN.

EDIT: IF CODED '95' (NO SERVICES RECEIVED),
NO OTHER SERVICE CATEGORIES SHOULD BE CODED. IF A
SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING
MESSAGE: 'INVALID RESPONSE. PRESS ENTER ON A
BLANK FIELD.'

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY
FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY
ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING
ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR
THIS DISPLAY:

CODE '1' = 'LAB'
CODE '2' = 'ULTRA'
CODE '3' = 'X-RAYS'
CODE '4' = 'MAMMO'
CODE '5' = 'MRI'
CODE '6' = 'EKG'
CODE '7' = 'EEG'
CODE '8' = 'VACIN'
CODE '9' = 'ANEST'
CODE '10' = 'OTHER'
CODE '95' = 'NONE'

NOTE: 'OTHER DIAGNOSTIC TEST' AND 'NO SERVICES
RECEIVED' ARE NOT DISPLAYED ON SHOW CARD.

OP12
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

Was a surgical procedure performed on (PERSON) during this
visit?

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

OP13
====

OMITTED.

OP14
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

During this {visit/telephone call}, were any medicines
prescribed for (PERSON)? Please include only prescriptions
which were filled.

YES 1
NO 2 {BOX_04}
REF -7 {BOX_04}
DK -8 {BOX_04}

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

| DISPLAY 'visit' IF OP02 IS CODED '1' (SAW |
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| FOR THIS EVENT. DISPLAY 'telephone call' IF OP02 |
IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT.

OP15
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

Please tell me the names of the prescriptions from this visit
that were filled.

PROBE: Any other prescribed medicines from this visit that
were filled?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

- [1. Prescribed Medicine]
- [2. Prescribed Medicine]
- [3. Prescribed Medicine]

| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON'S- |
PRESCRIBED-MEDICINES-ROSTER.

ROSTER BEHAVIOR SPECIFICATIONS:

- 1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER.
 - 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES).
 - 3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN MEDICINE IS FIRST ENTERED.'
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BOX_04
=====

| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' |
(REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_10

IF OP02 IS CODED '1' (SAW PROVIDER), GO TO BOX_07

OP16
=====

OMITTED.

OP17
=====

OMITTED.

LOOP_01
=====

OMITTED.

BOX_05
=====

OMITTED.

BOX_06
=====

OMITTED.

OP18
=====

OMITTED.

END_LP01
=====

OMITTED.

BOX_07
=====

| IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO |
THIS PROVIDER FOR THIS PERSON, GO TO BOX_10

OTHERWISE, CONTINUE WITH BOX_08

BOX_08
=====

| IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS |
| PERSON HAVE NOT COMPLETED THE OUTPATIENT |
| DEPARTMENT (OP) UTILIZATION SECTION, CONTINUE |
WITH BOX_09

OTHERWISE, GO TO BOX_10

BOX_09
=====

| IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, |
CONTINUE WITH OP19

OTHERWISE, GO TO BOX_10

OP19
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

Earlier I recorded that (PERSON) had some other visits to an outpatient department at (PROVIDER). Were any of these visits related to any condition associated with (PERSON)'s visit on (VISIT DATE)? That is, were any of the other visits for the (READ CONDITIONS BELOW) and did (PERSON) receive {(READ SERVICES BELOW)/the same services}?

CONDITIONS

SERVICES

{PERSON'S OP MEDICAL CONDITION.} {SERVICES RECEIVED..}
{PERSON'S OP MEDICAL CONDITION.} {SERVICES RECEIVED..}
{PERSON'S OP MEDICAL CONDITION.} {SERVICES RECEIVED..}

YES 1
NO 2 {BOX_10}
REF -7 {BOX_10}
DK -8 {BOX_10}

PRESS F1 FOR DEFINITION OF REPEAT VISITS.

| DISPLAY '(READ SERVICES BELOW)' IF OP11 IS **NOT** |
| CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW). IF OP11 IS CODED '95' (NO |
| SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW), |
DISPLAY 'the same services'.

| FOR 'PERSON'S OP MEDICAL CONDITION.', DISPLAY ALL |
| CONDITIONS SELECTED OR ADDED TO PERSON'S-MEDICAL- |
| CONDITIONS-ROSTER AT OP09. |
| |
| FOR 'SERVICES RECEIVED..', DISPLAY THE FOLLOWING |
| TEXT FOR EACH CODE ENTERED AT OP11: |
| |
| CODE '1' = LABORATORY TESTS |
| CODE '2' = SONOGRAM/ULTRASOUND |
| CODE '3' = X-RAYS |
| CODE '4' = MAMMOGRAM |
| CODE '5' = MRI/CATSCAN |
| CODE '6' = EKG/ECG |
| CODE '7' = EEG |
| CODE '8' = VACCINATION |
| CODE '9' = ANESTHESIA |
| CODE '10' = OTHER SERVICES |

OP20
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

Did any of these visits or calls cost the same amount as
(PERSON)'s visit on (VISIT DATE)?

YES 1
NO 2 {BOX_10}
REF -7 {BOX_10}
DK -8 {BOX_10}

PRESS F1 FOR DEFINITION OF COST THE SAME AMOUNT.

| NOTE: THE ISSUE OF COST WHEN THE PERSON HAS A |
| COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE |
HANDLED IN THE F1 DEFINITION.

OP21
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

Which of the following visits were related to the (READ
CONDITIONS BELOW) and {(READ SERVICES BELOW)/the same services}
and cost the same amount as the (VISIT DATE) visit we've just
talked about?

PROBE: Any other visits related to this condition and cost
the same amount?

CONDITIONS

SERVICES

{PERSON'S OP MEDICAL CONDITION.}	{SERVICES RECEIVED..}
{PERSON'S OP MEDICAL CONDITION.}	{SERVICES RECEIVED..}
{PERSON'S OP MEDICAL CONDITION.}	{SERVICES RECEIVED..}

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

- [1. Month,Day,Year-4]
- [2. Month,Day,Year-4]
- [3. Month,Day,Year-4]

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EVENTS |
| (DATES) IN PERSON'S-MEDICAL-EVENTS-ROSTER THAT |
| WERE CREATED THIS ROUND, ARE NOT YET PROCESSED IN |
| UTILIZATION, HAVE EVENT TYPE 'OP', AND ARE |
| ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT |
BEING ASKED ABOUT.

| DISPLAY '(READ SERVICES BELOW)' IF OP11 IS **NOT** |
| CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW). IF OP11 IS CODED '95' (NO |
| SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW), |
DISPLAY 'the same services'.

FOR 'PERSON'S OP MEDICAL CONDITIONS.', DISPLAY ALL
CONDITIONS SELECTED OR ADDED TO PERSON'S-MEDICAL-
CONDITIONS-ROSTER AT OP09.

FOR 'SERVICES RECEIVED..', DISPLAY THE FOLLOWING
TEXT FOR EACH CODE ENTERED AT OP11:

CODE '1' = LABORATORY TESTS
CODE '2' = SONOGRAM/ULTRASOUND
CODE '3' = X-RAY
CODE '4' = MAMMOGRAM
CODE '5' = MRI/CATSCAN
CODE '6' = EKG/ECG
CODE '7' = EEG
CODE '8' = VACCINATION
CODE '9' = ANESTHESIA
CODE '10' = OTHER SERVICES

FLAG EACH VISIT SELECTED AT OP21 AS A REPEAT VISIT
RELATED TO THE EVENT BEING ASKED ABOUT.

FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT
VISIT AS 'PROCESSED'.

LINK CONDITION(S) AND SERVICE(S) ASSOCIATED WITH
THE EVENT BEING ASKED ABOUT WITH EACH REPEAT
VISIT.

THE EVENT DRIVER WILL NOT SERVE THESE REPEAT
VISITS FOR THE OP SECTION.

OP22

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR EVENTS
SELECTED IN PREVIOUS QUESTION:

[Enter Repeat Visit Group]

BOX_10
=====

| IF CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED |
| FOR THIS OUTPATIENT EVENT, ASK THE CHARGE/PAYMENT |
(CP) SECTION

OTHERWISE, GO TO EVENT DRIVER (ED) SECTION